

20-cv-3890

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Dexter Murray, Donald A Loro
Alphonso Syville, ET, AL (see waivers)

Write the full name of each plaintiff.

20 CV 570
(Include case number if one has been assigned)

-against-

New York City of New York
Project Renewal

COMPLAINT

Do you want a jury trial?

☐ Yes ☒ No

Department of Homeless Services, OASIS

Mayor De Blasio, NYCHA, Sela Security ET, AL

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

CLASS ACTION

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

☒ **Federal Question**

☐ **Diversity of Citizenship**

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

Americans with Disabilities Act of 1990 and the Rehabilitation Act of 1973, Civil Rights, Intentional Injuries, Human Rights, Violation of HIPAA Act, Discrimination, Castle v. Casey, Excessive force, unlawful imprisonment, Negligence

B. If you checked Diversity of Citizenship**1. Citizenship of the parties**

Of what State is each party a citizen?

The plaintiff, _____, is a citizen of the State of _____
(Plaintiff's name)

(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of _____

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, _____, is a citizen of the State of _____
(Defendant's name)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of _____

If the defendant is a corporation:

The defendant, _____, is incorporated under the laws of _____
the State of _____

and has its principal place of business in the State of _____

or is incorporated under the laws of (foreign state) _____

and has its principal place of business in _____

If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.

II. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

Donald A. Lord, Alfonso Spille, Dexter Murray, (see wa-ver ET, Al
First Name Middle Initial Last Name
651 W 168th Fort Washington for Homeless single M
Street Address

County, City

State

Zip Code

646-673-3205
Telephone Number

SoHoosent 27 @ AOL.COM
Email Address (if available)

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:

Project Renewal

First Name

Last Name

Current Job Title (or other identifying information)

651, 168th

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

Defendant 2:

Department Homeless Service

First Name

Last Name

33 Bower

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

Defendant 3:

N.Y.C.H.A.

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

Defendant 5: Mayor Paul DeBlasio
City Hall

Defendant 6: - OASIS

Defendant 4:

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

III. STATEMENT OF CLAIM

Place(s) of occurrence:

Date(s) of occurrence:

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

Denied entrance in the shelter, No food, No Heat in winter, Water is not working, Infected with insects in the bathroom, Not enough blankets and things need to stay in the shelter, Unfair treatment by staff and DHS case officer. (Make us take our shoes off after we placed the Metal Detector ^{SEEA} severely), Improper use of Authority and our Mental Illness which they say we need to be EDP when we don't, Steal our property our money and Mer's, Retaliation, if we make complaint they deny us Mer's or take we are put us out the shelter's, Turn our pallets upside outside even after we closed the Metal Detector, Assault Us, (see Attach #1 & 3) (on

INCARCERATION

This is a MICA shelter and because of our Mental Illness and Criminal Background we can't get Housing, NO NYCHA apartment whatt less to years as the shelter, our Complaints to 311 goes UNANSWERED all are Complaints to the Mayor goes UNANSWERED and ignored. (SEE ATTACHMENT 1/2).

OASIS find the drug addiction But there are more guys in Drugs then OASIS is finding and OASIS Aint checking on clients & nothing

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

ADDICTION, Health problems, Respectful problems, Panic Attacks, Depression, Lost things, Hospitalizers, Higher Medication, Bad Bugs, Teasizers, Delusion, Embarrassment, Don't want to go as the public with the use of Retribution Upon Request, Personal Papers..

IV. RELIEF

State briefly what money damages or other relief you want the court to order.

300 Million Dollars

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

Dated 1/19/2020 Plaintiff's Signature A. Spille (SEE WAIVER'S ET, AI)
A. Spille, D Leon, Dexter Murray, (SEE WAIVER'S ET, AI)
 First Name Middle Initial Last Name
 Street Address 631 W 168th Fort Washington Houseless Men's Shelter
 County, City N.Y. State N.Y. Zip Code 10032
 Telephone Number 646-673-3205 Email Address (if available) SOHAWOENT27@AOL.COM

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☐ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

IN NO WAY, I APPOINTED SYVILLE 1/16/20
 IS REPIN THE CLASS AS AN ATTORNEY. IM
 JUST DOING THE FOOT WORK BECAUSE MOST OF THE 30 ARE
 IN WHEELCHAIRS, WALKING, PHYSICAL AND MENTAL DISABILITY
 TO WHOM THIS MAY CONCERN / Y/HONOR

As
 3/2/20

We the MICA Homeless Clients at
 Fort Washington Shelter for Single Adult
 Men give permission to Alphonso Syville
 our Client Advocate to advise of our Beliefs
 about our Rights being Violated at Fort
 Washington. (SEE ATTACH #1 #6)

So of us is old, in wheelchairs, uneducated
 and it's hard for some of us to write.
 So we will tell Syville what to write for
 us and sign and print our names where
 they suppose to go

Also Y/Honor
 Can you please put a notice in the case
 about Alphonso Syville and all of us
 fear Retaliation from Department of
 Homeless Services, the staff and its peace
 officers at the Fort Washington Shelter
 we in

Y/Honor, They will transfer us on
 this list to another shelter to try to
 End for This Class Action

Civil Suit. They know once they separate us, it's hard for us to keep up with each other. Because once a client is transferred, there's no way another client can find out where he is.

Again, some of us is in Wheelings, Walkers, On the, Ecker's, etc.

So if it's any way that you can make sure that retaliation is not taking out at us for showing for our rights.

1/2 Honor, we been complaining, Grievance, 311 for years and it all went ignored.

Thank you very much for taking the time to read this.

SEE ATTACH #1

Alfonso Spiller #30
A. Spiller

Client's
Signature

1/16/20

- 1) Alphonso Spille
- 2) ~~Robert Spille~~
- 3) John Bonilla
- 4) Edward Greene
- 5) Michael Lopez
- 6) BB
- 7) Anthony Ashley
- 8) Julio E. Martin
- 9) ~~Howard Randolph~~
- 10) ~~Wesley~~
- 11) Duane Corder
- 12) John Smith
- 13) Derrell Williams
- 14) Timothy Russell
- 15) ~~BB~~

- 16) Eugene Des
- 17) ~~AT A MFO 418~~
- 18) ~~_____~~
- 19) M 11049
- 20) ~~BB~~
- 21) ~~Wesley~~
- 22) ~~AK~~ Rud
- 23) Bashiri Coleman
- 24) Robert Elmer
- 25) Domonique Carrington
- 26) Tley
- 27)
- 28) Around
- 29) ~~_____~~
- 30) Brian Pereira
Anthony McDonald

Some here
But they here

Temporary Restraining Order on
the 30 please to honor. Or something about
then transferring else Rehabilitation and to
disturb the case. Some see as Unbelievable, some
have walkies, some have Physical Disability some of
Us have Mental Disabilities.

SEE ATTACH #1, 6.

253

Thank You
Alphonso Spille + 30

1/21/20

To whom this may concern

I Alphonso Syulle is experiencing ~~A~~ lot of Retaliation and Threats from the staff at Homeless Men's Shelter, Fort Washington for ~~the~~ single adult men. They violating my 1st Amendment right and they not allowing me to Advocate on my behalf and the other clients.

I'm experiencing ~~these~~ these things only because I'm speaking up for me and the clients right.

They tell me mind my Business, Tell me they gonna EDP me, don't give me what I need to survive in the shelter. Don't answer my emails Nor grievances

Alphonso Syulle

A. Syulle

P.S. I don't feel safe in the shelter in IN cause of the fear of Retaliation from staff & DHS

Attachment #1



Department of
Homeless Services

SHELTER NAME: _____

DATE: ____/____/____

FAMILY COMPOSITION: # ADULTS ____ # CHILDREN ____

LAST NAME (HEAD OF HOUSEHOLD)	FIRST NAME	MI
SOCIAL SECURITY NUMBER	DATE OF BIRTH	CASE #

STATEMENT OF CLIENT RIGHTS AND CLIENT CODE OF CONDUCT

The **Statement of Client Rights and Client Code of Conduct** sets out the standards for staying in short-term temporary housing assistance ("shelter"). Since shelter is not a home, but rather a stepping stone to permanent housing and rejoining the community, there are certain expectations for you while in shelter. These standards ensure shelters are safe for everyone and that we work together to help you move as quickly as possible from emergency housing to a home.

While in shelter, your rights include:

1. The right to exercise your civil rights and religious freedoms;
2. The right to have your personal, financial, social and medical information kept confidential by DHS and shelter staff;
3. The right to meet and have written communications with your legal representatives in private;
4. The right to receive courteous, fair and respectful treatment;
5. The right to remain in the facility, and not be involuntarily transferred or discharged except in accordance with State regulations and the DHS procedures implementing those regulations;
6. The right to present grievances on behalf of yourself and other residents to your shelter or DHS without fear of retaliation and to receive a timely response;
7. The right to manage your own finances;
8. The right to receive visitors in common areas of the facility Monday through Friday between 6 pm and 9 pm and on Saturday and Sunday between 12 pm and 4 pm;
9. The right to leave and return to the facility in accordance with the 10 pm curfew;
10. The right to send and receive mail without interference or interception;
11. The right to be free from physical restraint or confinement; and
12. The right to end your shelter stay at any time.

Single acts of the following misconduct may lead to the loss of shelter:

1. You are forbidden to bring weapons and any illegal substances into the shelter.
2. Violence, threatened violence, or other illegal conduct is not permitted and will be reported to law enforcement authorities.

Attachment #2



Department of
Homeless Services

Notice of Disability Rights

Title II of the Americans with Disabilities Act (the "ADA"), as amended, the Rehabilitation Act of 1973, state and local laws, and regulations promulgated pursuant to these Federal, State and local laws protect qualified individuals with a disability from discrimination on the basis of that disability in the delivery of or access to benefits, programs, services or activities of the Department of Homeless Services ("DHS").

This notice is posted to inform the public of the privileges, protections and requirements created by Federal, State, and local laws regarding individuals with disabilities and their access to the benefits, programs, and services offered by DHS.

Accommodation Procedure

A "Reasonable accommodation" includes modification to the program's or facility's policies or practices, removal of impediments created by architectural, communication or transportation barriers, and the provision of auxiliary aids or services.

If you believe that you require a Reasonable Accommodation in order to fully access DHS programs or services, please contact your Program/Facility Director or your Case Worker.

DHS does not discriminate against any qualified individual with a physical or mental disability in its services, programs or activities or exclude any qualified individual from participation in DHS benefits, programs and services.

If you believe that you have been discriminated against because of a physical or mental disability with respect to DHS services, programs, or activities, you may file a complaint with the DHS EEO Officer:

Office of Diversity & Equal Opportunity Affairs

33 Beaver Street,

New York, New York 10004

Tel. 212-361-7914

TTY. 212-361-8091

eo@dhhs.nyc.gov

This notice is available in alternative formats upon request



YA Honor

Attachment #3

1/19/20

D102D45@gmail.com and others
Have alot of Complaints sent out as they
Email & on the phone.

So of the 31 are of Age and its too
for them to write. A lot of us including me are
311 Complaints cause for them its easier to talk,
Some can't spell but they can talk and record, some psycho
and Mental Disabilities prevent some of them from
write. So ~~we~~ we as a class have alot of ~~experience~~
but not on paper. Thank you for understanding

A. Spille + 30
(see Waiver's)
et, Al

Attac

January 2020-19th

Since coming to Fort Washington March of last year. I have witness A lot of Disorder from staff residents, and Counselors.

I even had surgery on my spine Because I was trying to secure my property. I moved a locker that the maintenance was suppose to handle the movement of the lockers I wasn't told not to move them, but I suffered a damage 3 and 4 lumbar in my spine Because not for be Careless, but from Maintenance not having worker to do the job.

The Bathroom always filthy dirty and lots of K-2 Being Smoked by the residents in the facility.

I can't speak for others But I know what I have been through.

The food is always prepare but the food I don't eat Because it's not eatable to be. I get sick from eating it amongst others in the facility they just treat over

~~Anthony~~

very messed up here they take
beds from handicapped residents if
they are 5 minutes late for
getting to the facility. That's not
far because I know from being
in a wheelchair for one month
and basically 3 weeks because I
was in a wheelchair myself.


They have not help me with housing
because I was told by my counselor
that they only help with housing
30% of helping me with housing.
I don't know what to do in this
place and it's not a good place
to live. I know that I have rights
but they are being violated.

Superly concerned

Anthony M. D. and J

PROJECT RENEWAL, INC. - FORT WASHINGTON MEN'S SHELTER

CLIENT GRIEVANCE REPORT

Attachment


Date of Complaint: 1-17-2020

Complaint Received By: _____

Name of Client: LSSAC Dickerson

PRI Program Affiliation: _____

Case Manager: _____

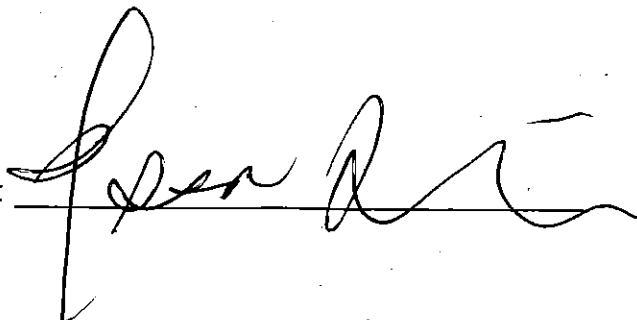
Nature of Grievance/Complaint:

- 1) Staff - unprofessional
- 2) Roach -
- 3) Clients - best ~~the~~ entrance not properly when Decs
Made by Staff member
- 4- Staff giving out Medication not qualified, Has to get
To our Med's
- 5) Heating - off and on in winter

Date of Client Notification of Disposition: _____

Client Response:

Report Completed By: _____



PROJECT RENEWAL, INC. – FORT WASHINGTON MEN'S SHELTER

CLIENT GRIEVANCE REPORT

Date of Complaint: 1/17/20
Name of Client: Akeem Reed

Complaint Received By: _____

PRI Program Affiliation: _____

Case Manager: _____

Nature of Grievance/Complaint:

Showers need to be painted.
Gnats in the shower.
Need Multiple liquid hydration options in the
building after 10pm.
Heat in Bedroom
All Windows in room need to be ~~able~~ able to open.

Date of Client Notification of Disposition: _____

Client Response:

Report Completed By: Akeem Reed

Anthony Dussard

From: Alphonso Syville <sohoodent27@aol.com>
Sent: Wednesday, January 08, 2020 2:27 PM
To: Anthony Dussard; constituentaffairs@dss.nyc.gov; ConstituentInquiry@hra.nyc.gov; CRCLCompliance@HQ.DHS.GOV; DisabilityAffairs@dss.nyc.gov; disabilityaffairs@hra.nyc.gov; FOIL@dss.nyc.gov; Ombudsman@dss.nyc.gov; schmeidler@hra.nyc.gov; shaoulj@hra.nyc.gov; rodriguezchar@dss.nyc.gov
Subject: Fwd: LEAVING THE DORMS IN THE MORNING
Attachments: 20200108_135233.jpg

WARNING: The email message originated from outside Project Renewal.

This is what we proposing as clients at Fort Washington Shelter for Mica Single Homeless Men
..and im working on more signature's
Alphonso Syville Client Advocate

From: Alphonso Syville <sohoodent27@aol.com>
Date: Wednesday, January 8, 2020
Subject: LEAVING THE DORMS IN THE MORNING
To: Anthony.Dussard <Anthony.Dussard@projectrenewal.org>

To whom this may concern...

It was brought to our attention that we do not have to leave the dorms in the morning...

But where we going in the cold...Yall push us out in the streets on the public with our mental illness...

DHS says we DO NOT have to leave the dorms in the Morning...

So can somebody please make a memorandum explaining and telling the gray shirts and clients THAT THEY DO NOT HAVE TO LEAVE THE DORMS IN THE MORNING AS MICA CLIENTS...

Alphonso Syville

PROJECT RENEWAL, INC. – FORT WASHINGTON MEN'S SHELTER

CLIENT GRIEVANCE REPORT

Date of Complaint: 1-17-2020

Complaint Received By: _____

Name of Client: MIKE LOPEZ

PRI Program Affiliation: _____

Case Manager: Paula M.

Nature of Grievance/Complaint: .

• Food. -

Roaches - in Rooms - & Bugs - also shower
- FIGHT & Drugs - etc.

Thiefs, stealing - money
etc.

Date of Client Notification of Disposition: _____

Client Response:

Report Completed By: Michael Lopez

PROJECT RENEWAL, INC. – FORT WASHINGTON MEN'S SHELTER
CLIENT GRIEVANCE REPORT

Date of Complaint: 1-18-20

Complaint Received By: _____

Name of Client: DINO MALARA

PRI Program Affiliation: _____

Case Manager: _____

Nature of Grievance/Complaint:

1) HAVING TO GIVE AUTHORITY TO SOMEONE ELSE IN REGARDS TO MY TAKING MEDICATION, AS A MATURE AND RESPONSIBLE PERSON. I GET MY PRESCRIPTIONS FILLED MYSELF. I PAY FOR MY MEDS MYSELF. AND I TAKE THEM ACCORDINGLY (MORNING + NIGHT.) I SHOULD NOT HAVE TO REPORT TO ANYONE TO TAKE MY MEDS AS NEEDED.

Date of Client Notification of Disposition: _____

Client Response:

Report Completed By: 

PROJECT RENEWAL, INC. – FORT WASHINGTON MEN'S SHELTER
CLIENT GRIEVANCE REPORT

Date of Complaint: 1-17-20

Complaint Received By: _____

Name of Client: YANCHIK

PRI Program Affiliation: _____

Christopher YANCHIK

Case Manager: _____

Nature of Grievance/Complaint:

- ① C L C A N L E S S
- ② T R E A T M E N T
- ③ ~~h~~

Date of Client Notification of Disposition: _____

Client Response:

Report Completed By: Christopher Yanchik

PROJECT RENEWAL, INC. – FORT WASHINGTON MEN'S SHELTER

CLIENT GRIEVANCE REPORT

Date of Complaint: 11-18-19
 Name of Client: JULIO MARIN

Complaint Received By: Sh. A. Syar. Parks
 PRI Program Affiliation: 5/5
 Case Manager: Damaris

Nature of Grievance/Complaint:

ON 11-14-19 OR 11-15-19 I was taken from the lobby HERE !!! to the hospital Columbia Pres. across the street I was vomitting blood in my sleep. When the person who packed me up they damaged my phone (scratched) face while in my suitcase. LOST MY NEW LEFT FOOT PUMA SNEAKER. NEW #30 umbrella in case of 2 cane's New 1 Aluminum, 2 light colored wood not new. I'm NOT IN A position to fix or replace these items, please do what you can to rectify this.

Date of Client Notification of Disposition: items, please do what you can to rectify this.

Client Response:

"I gave them right foot PUMA sneaker"
 "I have broken phone."
 if you want to see it?????

Thank You
 Julio Marin

Report Completed By: _____

PROJECT RENEWAL, INC. – FORT WASHINGTON MEN'S SHELTER

CLIENT GRIEVANCE REPORT

Date of Complaint: 1/6/20

Complaint Received By: _____

Name of Client: Alphonso SpivePRI Program Affiliation: PrideCase Manager: Anthony Dussard

Nature of Grievance/Complaint:

I lost my Bed on New Year's and my Reebok classic was not packed up. I got a Bed on Jan 2nd (Thursday). ON Saturday (Jan 4th) I went to look for my sneakers cause I walk ON the Walkways for exercise and they wasn't there. So I went back to my old bed and the guy in my old bed told me Maintenance took them. I asked Maintenance, and they don't know. So basically staff to beg to bend down and get my sneakers up. They stay by my old room for days and Maintenance throw them out. No my workers around in boots all day. My feet hurt, it causing me pain on my lower back. Clients always suffer because of the profession and how staff.

Date of Client Notification of Disposition: _____

Client Response:

I have no money to buy me some sneakers. I wear a size 6 so they knew there was my sneakers. I'm the only 1 who wear a size 6. I need some sneakers.

Report Completed By: A. Spive

PROJECT RENEWAL, INC. - FORT WASHINGTON MEN'S SHELTER
CLIENT GRIEVANCE REPORT

Date of Complaint: 1/18/20 Complaint Received By: _____
Name of Client: Donald ALord PRI Program Affiliation: _____
Case Manager: Manija McKenzie

Nature of Grievance/Complaint: Extreme violations of
NYC building code standards for air
quality. Food being left out at room
temperature for HOURS in the
front lobby. Old wiring and receptacles
not replaced as required by code. Rare
cleaning of bathroom stalls. HVAC ducts
and return terminals full of FILTH
many windows unscreened. Smoking is allowed
Date of Client Notification of Disposition: _____
Client Response: _____

Photos have 100 documents and

in bathrooms

Report Completed By: _____